

<i>SERFF Tracking Number:</i>	<i>LDDX-125799073</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Old Republic Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>CA AR0198101F01</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0003 Other</i>
<i>Product Name:</i>	<i>Old Republic Independent CA Forms</i>		
<i>Project Name/Number:</i>	<i>Old Republic Independent CA Forms/CA AR0198101F01</i>		

Filing at a Glance

Company: Old Republic Insurance Company

Product Name: Old Republic Independent CA Forms SERFF Tr Num: LDDX-125799073 State: Arkansas

TOI: 20.0 Commercial Auto

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 20.0003 Other

Co Tr Num: CA AR0198101F01

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Author: SPI ORChicago

Disposition Date: 09/03/2008

Date Submitted: 09/02/2008

Disposition Status: Approved

Effective Date Requested (New): 11/01/2008

Effective Date (New): 11/01/2008

Effective Date Requested (Renewal):

Effective Date (Renewal):
11/01/2008

State Filing Description:

General Information

Project Name: Old Republic Independent CA Forms

Status of Filing in Domicile:

Project Number: CA AR0198101F01

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 09/03/2008

State Status Changed: 09/03/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Old Republic Insurance Company has changed their company logo. We submit for your review and approval the following Policy Jacket and Declaration pages. We have made slight alterations to the formatting of the documents along with some minor language changes. We attach mark up versions for your information. We are also submit new Decalaration page CA DEC GN 0026 08 08.

CADEC0000 is being withdrawn.

SERFF Tracking Number: LDDX-125799073 State: Arkansas
Filing Company: Old Republic Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: CA AR0198101F01
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
Product Name: Old Republic Independent CA Forms
Project Name/Number: Old Republic Independent CA Forms/CA AR0198101F01

We request an effective date of 11/01/08.

Company and Contact

Filing Contact Information

Jodi Woods, State Filings Analyst jwoods@oldrepublic.com
307 N. Michigan Avenue (312) 762-4532 [Phone]
Chicago, IL 60601 (312) 762-4950[FAX]

Filing Company Information

Old Republic Insurance Company CoCode: 24147 State of Domicile: Pennsylvania
307 N. Michigan Avenue Group Code: 150 Company Type:
Chicago , IL 60601 Group Name: State ID Number:
(312) 762-4800 ext. [Phone] FEIN Number: 25-0410420

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Old Republic Insurance Company	\$50.00	09/02/2008	22234921

SERFF Tracking Number:	LDDX-125799073	State:	Arkansas
Filing Company:	Old Republic Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	CA AR0198101F01		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0003 Other
Product Name:	Old Republic Independent CA Forms		
Project Name/Number:	Old Republic Independent CA Forms/CA AR0198101F01		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/03/2008	09/03/2008

<i>SERFF Tracking Number:</i>	<i>LDDX-125799073</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Old Republic Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>CA AR0198101F01</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0003 Other</i>
<i>Product Name:</i>	<i>Old Republic Independent CA Forms</i>		
<i>Project Name/Number:</i>	<i>Old Republic Independent CA Forms/CA AR0198101F01</i>		

Disposition

Disposition Date: 09/03/2008

Effective Date (New): 11/01/2008

Effective Date (Renewal): 11/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	LDDX-125799073	State:	Arkansas
Filing Company:	Old Republic Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	CA AR0198101F01		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0003 Other
Product Name:	Old Republic Independent CA Forms		
Project Name/Number:	Old Republic Independent CA Forms/CA AR0198101F01		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Memorandum, CA DEC GN 0003 markup, CA DEC GN 0006 markup, CA DEC GN 0007 markup, CA DEC GN 0008 markup, Policy Jacket markup	Approved	Yes
Form	Commercial Auto Declarations	Approved	Yes
Form	Business Auto Declarations	Approved	Yes
Form	Truckers Declarations	Approved	Yes
Form	Motor Carrier Declarations	Approved	Yes
Form	Garage Declarations	Approved	Yes
Form	Business Auto Physical Damage Declarations	Approved	Yes
Form	Policy Jacket	Approved	Yes

SERFF Tracking Number: LDDX-125799073 State: Arkansas
Filing Company: Old Republic Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: CA AR0198101F01
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
Product Name: Old Republic Independent CA Forms
Project Name/Number: Old Republic Independent CA Forms/CA AR0198101F01

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Commercial Auto Declarations	CADEC0000	07 05	Declaration Withdrawn s/Schedule	Replaced Form #:0.00 Previous Filing #:		
Approved	Business Auto Declarations	CA DEC GN 0003	08 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 CA DEC GN 0003 Previous Filing #:		CA DEC GN 0003.PDF
Approved	Truckers Declarations	CA DEC GN 0006	08 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 CA DEC GN 0006 Previous Filing #:		CA DEC GN 0006 .PDF
Approved	Motor Carrier Declarations	CA DEC GN 0007	08 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 CA DEC GN 0007 Previous Filing #:		CA DEC GN 0007.PDF
Approved	Garage Declarations	CA DEC GN 0008	08 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 CA DEC GN 0008 Previous Filing #:		CA DEC GN 0008.PDF
Approved	Business Auto Physical Damage Declarations	CA DEC GN 0026	08 08	Declaration New s/Schedule	0.00		CA DEC GN 0026.PDF
Approved	Policy Jacket	J-01	(02/08)	Other Replaced	Replaced Form #:0.00 J-01-03-05 Previous Filing #:		J-01.PDF

BUSINESS AUTO DECLARATIONS

POLICY NUMBER

Policyholder Service Office:

Producer: *

PREVIOUS POLICY NUMBER *

ITEM ONE

NAMED INSURED:

MAILING ADDRESS: *

POLICY PERIOD: * From: _____ To: _____ at 12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS: *

☐ CORPORATION ☐ INDIVIDUAL ☐ LIMITED LIABILITY COMPANY ☐ PARTNERSHIP ☐ OTHER _____

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS	LIMIT	PREMIUM
LIABILITY		\$	\$
PERSONAL INJURY PROTECTION (or equivalent No-Fault Coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ DED.	\$
ADDED PERSONAL INJURY PROTECTION (or equivalent added No-Fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.	\$
PROPERTY PROTECTION INSURANCE (Michigan Only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ DED. FOR EACH ACCIDENT.	\$
AUTO MEDICAL PAYMENTS		\$	\$
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)		SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.	\$
UNINSURED MOTORISTS		\$	\$
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		\$	\$
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See ITEM FOUR For Hired Or Borrowed "Autos".	\$
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR For Hired Or Borrowed "Autos".	\$
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO. See ITEM FOUR For Hired Or Borrowed "Autos".	\$
PHYSICAL DAMAGE TOWING AND LABOR		\$ For Each Disablement Of A Private Passenger "Auto".	\$
PREMIUM FOR ENDORSEMENTS			\$
MICHIGAN CCA SURCHARGE			\$
ASSESSMENTS AND SURCHARGES			\$
**ESTIMATED TOTAL PAYABLE			\$

Total shown is payable at inception: \$ _____

** This policy may be subject to final audit.

AUDIT PERIOD (IF APPLICABLE) ☐ ANNUALLY ☐ SEMI-ANNUALLY ☐ QUARTERLY ☐ MONTHLY

ENDORSEMENTS ATTACHED TO THIS POLICY: = _____

COUNTERSIGNED * _____ **BY *** _____
(Date) (Authorized Representative)

* Entry optional if shown in the Common Policy Declarations.

= Forms and Endorsements applicable to this Coverage Part/policy omitted if shown elsewhere in the policy.

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

BUSINESS AUTO DECLARATIONS (Continued)
**ITEM THREE
SCHEDULE OF COVERED AUTOS YOU OWN**

Covered Auto No.	DESCRIPTION		PURCHASED		TERRITORY	
	Year, Model, Trade Name, Body Type Serial Number(s) Vehicle Identification Number (VIN)		Original Cost New	Actual Cost & NEW (N) USED (U)	Town & State Where The Covered Auto Will Be Principally Garaged	
1			\$	\$		
2			\$	\$		
3			\$	\$		
4			\$	\$		
5			\$	\$		

Covered Auto No.	CLASSIFICATION								
	Radius Of Operation	Business Use s = service r = retail c = commercial	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code	EXCEPT For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below As Interests May Appear At The Time Of The Loss.
					Liab.	Phy. Dam.			
1									
2									
3									
4									
5									

Covered Auto No.	COVERAGES-PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)							
	LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P.		PROP. PROTECTION (Michigan only)	
	Limit	Premium	Limit Stated In Each P.I.P. End. Minus Deductible Shown Below	Premium	Limit Stated In Each Added P.I.P. End.	Premium	Limit Stated In P.P.I. End. Minus Deductible Shown Below	Premium
1	\$	\$	\$	\$	\$	\$	\$	\$
2	\$	\$	\$	\$	\$	\$	\$	\$
3	\$	\$	\$	\$	\$	\$	\$	\$
4	\$	\$	\$	\$	\$	\$	\$	\$
5	\$	\$	\$	\$	\$	\$	\$	\$
Total Premium		\$		\$		\$		\$

Covered Auto No.	COVERAGES-PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)			
	AUTO MEDICAL PAYMENTS		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)	
	Limit	Premium	Limit Stated In Each Medical Expense And Income Loss Benefits End. For Each Person	Premium
1	\$	\$	\$	\$
2	\$	\$	\$	\$
3	\$	\$	\$	\$
4	\$	\$	\$	\$
5	\$	\$	\$	\$
Total Premium		\$		\$

Covered Auto No.	COVERAGES-PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)							
	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION		TOWING AND LABOR	
	Limit Stated in ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Per Disablement	Premium
1	\$	\$	\$	\$	\$	\$	\$	\$
2	\$	\$	\$	\$	\$	\$	\$	\$
3	\$	\$	\$	\$	\$	\$	\$	\$
4	\$	\$	\$	\$	\$	\$	\$	\$
5	\$	\$	\$	\$	\$	\$	\$	\$
Total Premium		\$		\$		\$		\$

BUSINESS AUTO DECLARATIONS (Continued)**ITEM FOUR****SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS**

LIABILITY COVERAGE-RATING BASIS, COST OF HIRE				
STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	FACTOR (If Liability Coverage Is Primary)	PREMIUM
	\$	\$		\$
LIABILITY COVERAGE-RATING BASIS, NUMBER OF DAYS (FOR MOBILE OR FARM EQUIPMENT-RENTAL PERIOD BASIS)				
STATE	ESTIMATED NUMBER OF DAYS EQUIPMENT WILL BE RENTED	BASE PREMIUM	FACTOR	PREMIUM
	\$	\$		\$
TOTAL PREMIUM				\$

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

PHYSICAL DAMAGE COVERAGE				
COVERAGES	LIMIT OF INSURANCE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
COMPREHENSIVE	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.	\$	\$	\$
SPECIFIED CAUSES OF LOSS	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$	\$	\$
COLLISION	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$	\$	\$
TOTAL PREMIUM				\$

ITEM FIVE**SCHEDULE FOR NON-OWNERSHIP LIABILITY INCLUDED IN ITEM TWO, LIABILITY COVERAGE**

NAMED INSURED'S BUSINESS	RATING BASIS	NUMBER	PREMIUM
Other Than Garage Service Operations And Other Than Social Service Agencies	Number Of Employees		\$
	Number Of Partners		\$
Garage Service Operations	Number Of Employees Whose Principal Duty Involves The Operation Of Autos		\$
Social Service Agencies	Number Of Employees		\$
	Number Of Volunteers		\$
TOTAL PREMIUMS			\$

BUSINESS AUTO DECLARATIONS (Continued)

**ITEM SIX
SCHEDULE FOR GROSS RECEIPTS OR MILEAGE BASIS-LIABILITY COVERAGE-PUBLIC AUTO OR LEASING RENTAL CONCERNS**

LOCATION NO.:		ADDRESS:						
ESTIMATED YEARLY: <input type="checkbox"/> Gross Receipts (Per \$100) <input type="checkbox"/> Mileage (Per Mile) _____	RATES <input type="checkbox"/> Gross Receipts (Per \$100) <input type="checkbox"/> Mileage (Per Mile)		PREMIUMS					
	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS/ MEDICAL EXPENSE BENEFITS (VA Only)/ INCOME LOSS BENEFITS (VA Only)		LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS/ MEDICAL EXPENSE BENEFITS (VA Only)/ INCOME LOSS BENEFITS (VA Only)			
	\$	\$	/ \$	/ \$	\$	\$	/ \$	/ \$
MINIMUM PREMIUMS:				\$	\$	/ \$	/ \$	

LOCATION NO.:		ADDRESS:						
ESTIMATED YEARLY: <input type="checkbox"/> Gross Receipts (Per \$100) <input type="checkbox"/> Mileage (Per Mile) _____	RATES <input type="checkbox"/> Gross Receipts (Per \$100) <input type="checkbox"/> Mileage (Per Mile)		PREMIUMS					
	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS/ MEDICAL EXPENSE BENEFITS (VA Only)/ INCOME LOSS BENEFITS (VA Only)		LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS/ MEDICAL EXPENSE BENEFITS (VA Only)/ INCOME LOSS BENEFITS (VA Only)			
	\$	\$	/ \$	/ \$	\$	\$	/ \$	/ \$
MINIMUM PREMIUMS:				\$	\$	/ \$	/ \$	

TOTAL PREMIUMS								
	MINIMUM LIABILITY COVERAGE	MINIMUM AUTO MEDICAL PAYMENTS/ MEDICAL EXPENSE BENEFITS (VA Only)/ INCOME LOSS BENEFITS (VA Only)		LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS/ MEDICAL EXPENSE BENEFITS (VA Only)/ INCOME LOSS BENEFITS (VA Only)			
	\$	\$	/ \$	/ \$	\$	\$	/ \$	/ \$

When used as a premium basis:

FOR PUBLIC AUTOS

Gross Receipts means the total amount to which you are entitled for transporting passengers, mail or merchandise during the policy period regardless of whether you or any other carrier originate the transportation. Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.

Mileage means the total live and dead mileage of all revenue producing units operated during the policy period.

FOR RENTAL OR LEASING CONCERNS

Gross receipts means the total amount to which you are entitled for the leasing or rental of "autos" during the policy period and includes taxes except those taxes which you collect as a separate item and remit directly to a governmental division.

Mileage means the total of all live and dead mileage developed by all the "autos" you leased or rented to others during the policy period.



Greensburg, Pennsylvania
A Stock Company

TRUCKERS DECLARATIONS

POLICY NUMBER

Policyholder Service Office:

Producer: *

PREVIOUS POLICY NUMBER *

ITEM ONE

NAMED INSURED:

MAILING ADDRESS: *

POLICY PERIOD: * From _____ to _____ at 12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS: *

☐ CORPORATION ☐ INDIVIDUAL ☐ LIMITED LIABILITY COMPANY ☐ PARTNERSHIP ☐ OTHER _____

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Truckers Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Truckers Coverage Form shows which autos are covered autos.)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY		\$	\$
PERSONAL INJURY PROTECTION (or equivalent No-Fault Coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ DED.	\$
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-Fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.	\$
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ DED. FOR EACH ACCIDENT.	\$
MEDICAL PAYMENTS		\$	\$
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)		\$ SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.	\$
UNINSURED MOTORISTS		\$	\$
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		\$	\$
TRAILER INTERCHANGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS.	\$
TRAILER INTERCHANGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$
TRAILER INTERCHANGE COLLISION COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.	\$
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$
PHYSICAL DAMAGE TOWING AND LABOR		\$ For Each Disablement Of A Private Passenger "Auto".	\$
PREMIUM FOR ENDORSEMENTS			\$
MICHIGAN CCA SURCHARGE			\$
ASSESSMENTS AND SURCHARGES			\$
**ESTIMATED TOTAL PAYABLE			\$

Total shown is payable: \$ _____ at inception.

AUDIT PERIOD (IF APPLICABLE) ☐ ANNUALLY ☐ SEMI-ANNUALLY ☐ QUARTERLY ☐ MONTHLY

ENDORSEMENTS ATTACHED TO THIS POLICY: =

COUNTERSIGNED *

BY *

(Date)

(Authorized Representative)

* Entry optional if shown in the Common Policy Declarations.

= Forms and Endorsements applicable to this Coverage Part/policy omitted if shown elsewhere in the policy.

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

TRUCKERS DECLARATIONS (CONTINUED)

**ITEM THREE
SCHEDULE OF COVERED AUTOS YOU OWN**

Covered Auto No.	DESCRIPTION		PURCHASED		TERRITORY	
	Year, Model, Trade Name, Body Type Serial Number (s) Vehicle Identification Number (VIN)		Original Cost New	Actual Cost & NEW (N) USED (U)	Town & State Where The Covered Auto Will Be Principally Garaged	
1			\$	\$		
2			\$	\$		
3			\$	\$		
4			\$	\$		
5			\$	\$		

Covered Auto No.	CLASSIFICATION							EXCEPT For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below As Interests May Appear At The Time Of The Loss.
	Radius Of Operation	Business Use s = service r = retail c = commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor Liab. Phy. Dam	Secondary Rating Factor	Code	
1								
2								
3								
4								
5								

Covered Auto No.	COVERAGES-PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)							
	LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P.		PROPERTY PROTECTION (Michigan Only)	
	Limit	Premium	Limit Stated In Each P.I.P. End. Minus Deductible Shown Below	Premium	Limit Stated In Each Added P.I.P. End.	Premium	Limit Stated In P.P.I. End. Minus Deductible Shown Below	Premium
1	\$	\$	\$	\$		\$	\$	\$
2	\$	\$	\$	\$		\$	\$	\$
3	\$	\$	\$	\$		\$	\$	\$
4	\$	\$	\$	\$		\$	\$	\$
5	\$	\$	\$	\$		\$	\$	\$
Total Premium		\$		\$		\$		\$

Covered Auto No.	COVERAGES-PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)			
	AUTO MEDICAL PAYMENTS		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)	
	Limit	Premium	Limit Stated In Each Medical Expense And Income Loss Benefits End. For Each Person	Premium
1	\$	\$	\$	\$
2	\$	\$	\$	\$
3	\$	\$	\$	\$
4	\$	\$	\$	\$
5	\$	\$	\$	\$
Total Premium		\$		\$

Covered Auto No.	COVERAGES-PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)							
	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION		TOWING & LABOR	
	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Per Disablement	Premium
1	\$	\$	\$	\$	\$	\$	\$	\$
2	\$	\$	\$	\$	\$	\$	\$	\$
3	\$	\$	\$	\$	\$	\$	\$	\$
4	\$	\$	\$	\$	\$	\$	\$	\$
5	\$	\$	\$	\$	\$	\$	\$	\$
Total Premium		\$		\$		\$		\$

TRUCKERS DECLARATIONS (CONTINUED)

ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

LIABILITY COVERAGE-RATING BASIS, COST OF HIRE - AUTOS USED IN YOUR TRUCKING OPERATIONS				
ESTIMATED COST OF HIRE		RATE PER EACH \$100 COST OF HIRE		TOTAL ESTIMATED PREMIUM
\$		\$		\$

LIABILITY COVERAGE - RATING BASIS, COST OF HIRE - AUTOS NOT USED IN YOUR TRUCKING OPERATIONS				
STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	FACTOR (If Liability Coverage Is Primary)	PREMIUM
	\$	\$		\$
TOTAL PREMIUM				\$

LIABILITY COVERAGE-RATING BASIS, NUMBER OF DAYS - (FOR MOBILE OR FARM EQUIPMENT-RENTAL PERIOD BASIS)				
STATE	ESTIMATED NUMBER OF DAYS EQUIPMENT WILL BE RENTED	BASE PREMIUM	FACTOR	PREMIUM
		\$		\$
TOTAL PREMIUM				\$

PHYSICAL DAMAGE COVERAGE				
COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
COMPREHENSIVE	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.	\$	\$	\$
SPECIFIED CAUSES OF LOSS	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$	\$	\$
COLLISION	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$	\$	\$
TOTAL PREMIUM				\$

Cost of hire means:

- (a) The total dollar amount of costs you incurred for the hire of automobiles (includes trailers and semitrailers), and if not included therein,
- (b) The total remunerations of all operators and drivers helpers, of hired automobiles whether hired with a driver by lessor or an "employee" of the lessee, or any other third party, and,
- (c) The total dollar amount of any other costs (i.e., repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles whether such costs are absorbed by the insured, paid to the lessor or owner, or paid to others.

ITEM FIVE

SCHEDULE FOR NON-OWNERSHIP LIABILITY INCLUDED IN ITEM TWO, LIABILITY COVERAGE

RATING BASIS	NUMBER	PREMIUM
Number Of Employees		\$
Number Of Partners		\$
TOTAL		\$

TRUCKERS DECLARATIONS (CONTINUED)

ITEM SIX TRAILER INTERCHANGE COVERAGE

COVERAGES	LIMIT OF INSURANCE	DAILY RATE	ESTIMATED PREMIUM
COMPREHENSIVE		\$	\$
SPECIFIED CAUSES OF LOSS			
		\$	\$
COLLISION		\$	\$
		TOTAL PREMIUM	\$

ITEM SEVEN SCHEDULE FOR GROSS RECEIPTS RATING BASIS-LIABILITY COVERAGE

ESTIMATED YEARLY Gross Receipts	RATES Per \$100 Gross Receipts		PREMIUMS	
	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS/ MEDICAL EXPENSE BENEFITS (VA Only)/ INCOME LOSS BENEFITS (VA Only)	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS/ MEDICAL EXPENSE BENEFITS (VA Only)/ INCOME LOSS BENEFITS (VA Only)
\$	\$	\$ /\$ /\$	\$	\$ /\$ /\$
\$	\$	\$ /\$ /\$	\$	\$ /\$ /\$
\$	\$	\$ /\$ /\$	\$	\$ /\$ /\$
\$	\$	\$ /\$ /\$	\$	\$ /\$ /\$
TOTAL PREMIUMS:			\$	\$ /\$ /\$
MINIMUM PREMIUMS:			\$	\$ /\$ /\$

When used as a premium basis:

Gross Receipts means the total amount to which you are entitled for shipping or transporting property during the policy period regardless of whether you or any other carrier originate the shipment or transportation. "Gross Receipts" includes the total amount received from renting equipment, with or without drivers, to anyone who is not a "trucker" and 15% of the total amount received from renting any equipment to any "trucker". Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising Revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.
- E. Warehouse storage fees.



Greensburg, Pennsylvania
A Stock Company

MOTOR CARRIER DECLARATIONS

POLICY NUMBER

Policyholder Service Office:

Producer: *

PREVIOUS POLICY NUMBER *

ITEM ONE

NAMED INSURED:

MAILING ADDRESS: *

POLICY PERIOD: * From: _____ To: _____ at 12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS: *

☐ CORPORATION ☐ INDIVIDUAL ☐ LIMITED LIABILITY COMPANY ☐ PARTNERSHIP ☐ OTHER _____

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Motor Carrier Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Motor Carrier Coverage Form shows which autos are covered autos.)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY		\$	\$
PERSONAL INJURY PROTECTION (or equivalent No-Fault Coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ DED.	\$
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-Fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.	\$
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ DED. FOR EACH ACCIDENT.	\$
MEDICAL PAYMENTS		\$	\$
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)		\$ SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.	\$
UNINSURED MOTORISTS		\$	\$
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		\$	\$
TRAILER INTERCHANGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS.	\$
TRAILER INTERCHANGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$
TRAILER INTERCHANGE COLLISION COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.	\$
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$
PHYSICAL DAMAGE TOWING AND LABOR		\$ For Each Disablement Of A Private Passenger "Auto".	\$
PREMIUM FOR ENDORSEMENTS			\$
MICHIGAN CCA SURCHARGE			\$
ASSESSMENTS AND SURCHARGES			\$
**ESTIMATED TOTAL PAYABLE			\$

Total shown is payable: \$ _____ at inception.

AUDIT PERIOD (IF APPLICABLE) ☐ ANNUALLY ☐ SEMI-ANNUALLY ☐ QUARTERLY ☐ MONTHLY

ENDORSEMENTS ATTACHED TO THIS POLICY: =

** This policy may be subject to final audit.

COUNTERSIGNED *

(Date)

BY *

(Authorized Representative)

* Entry optional if shown in the Common Policy Declarations.

= Forms and Endorsements applicable to this Coverage Part/policy omitted if shown elsewhere in the policy.

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

MOTOR CARRIER DECLARATIONS (CONTINUED)
ITEM THREE
SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION		PURCHASED		TERRITORY	
	Year, Model, Trade Name, Body Type Serial Number (s) Vehicle Identification Number (VIN)		Original Cost New	Actual Cost & NEW (N) USED (U)	Town & State Where The Covered Auto Will Be Principally Garaged	
1			\$	\$		
2			\$	\$		
3			\$	\$		
4			\$	\$		
5			\$	\$		

Covered Auto No.	CLASSIFICATION								EXCEPT For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below As Interests May Appear At The Time Of The Loss.
	Radius Of Operation	Business Use s = service r = retail c = commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor Liab. Phy. Dam	Secondary Rating Factor	Code		
1									
2									
3									
4									
5									

Covered Auto No.	COVERAGES-PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)							
	LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P.		PROPERTY PROTECTION (Michigan Only)	
	Limit	Premium	Limit Stated In Each P.I.P. End. Minus Deductible Shown Below	Premium	Limit Stated In Each Added P.I.P. End.	Premium	Limit Stated In P.P.I. End. Minus Deductible Shown Below	Premium
1	\$	\$	\$	\$		\$	\$	\$
2	\$	\$	\$	\$		\$	\$	\$
3	\$	\$	\$	\$		\$	\$	\$
4	\$	\$	\$	\$		\$	\$	\$
5	\$	\$	\$	\$		\$	\$	\$
Total Premium		\$		\$		\$		\$

Covered Auto No.	COVERAGES-PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)			
	AUTO MEDICAL PAYMENTS		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)	
	Limit	Premium	Limit Stated In Each Medical Expense And Income Loss Benefits End. For Each Person	Premium
1	\$	\$	\$	\$
2	\$	\$	\$	\$
3	\$	\$	\$	\$
4	\$	\$	\$	\$
5	\$	\$	\$	\$
Total Premium		\$		\$

Covered Auto No.	COVERAGES-PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)							
	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION		TOWING & LABOR	
	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Per Disablement	Premium
1	\$	\$	\$	\$	\$	\$	\$	\$
2	\$	\$	\$	\$	\$	\$	\$	\$
3	\$	\$	\$	\$	\$	\$	\$	\$
4	\$	\$	\$	\$	\$	\$	\$	\$
5	\$	\$	\$	\$	\$	\$	\$	\$
Total Premium		\$		\$		\$		\$

MOTOR CARRIER DECLARATIONS (CONTINUED)

ITEM FOUR **SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS**

LIABILITY COVERAGE-RATING BASIS, COST OF HIRE - AUTOS USED IN YOUR MOTOR CARRIER OPERATIONS				
ESTIMATED COST OF HIRE		RATE PER EACH \$100 COST OF HIRE		TOTAL ESTIMATED PREMIUM
\$		\$		\$

LIABILITY COVERAGE-RATING BASIS, COST OF HIRE - AUTOS NOT USED IN YOUR MOTOR CARRIER OPERATIONS				
STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	FACTOR (If Liability Coverage Is Primary)	PREMIUM
	\$	\$		\$
TOTAL PREMIUM				\$

LIABILITY COVERAGE-RATING BASIS, NUMBER OF DAYS - (FOR MOBILE OR FARM EQUIPMENT-RENTAL PERIOD BASIS)				
STATE	ESTIMATED NUMBER OF DAYS EQUIPMENT WILL BE RENTED	BASE PREMIUM	FACTOR	PREMIUM
		\$		\$
TOTAL PREMIUM				\$

PHYSICAL DAMAGE COVERAGE				
COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
COMPREHENSIVE	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.	\$	\$	\$
SPECIFIED CAUSES OF LOSS	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$	\$	\$
COLLISION	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$	\$	\$
TOTAL PREMIUM				\$

Cost of hire means:

- (a) The total dollar amount of costs you incurred for the hire of automobiles (includes trailers and semitrailers), and if not included therein,
- (b) The total remunerations of all operators and drivers helpers, of hired automobiles whether hired with a driver by lessor or an "employee" of the lessee, or any other third party, and,
- (c) The total dollar amount of any other costs (i.e., repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles whether such costs are absorbed by the insured, paid to the lessor or owner, or paid to others.

ITEM FIVE **SCHEDULE FOR NON-OWNERSHIP LIABILITY INCLUDED IN ITEM TWO, LIABILITY COVERAGE**

RATING BASIS	NUMBER	PREMIUM
Number Of Employees		\$
Number Of Partners		\$
TOTAL		\$

MOTOR CARRIER DECLARATIONS (CONTINUED)

ITEM SIX TRAILER INTERCHANGE COVERAGE

COVERAGES	LIMIT OF INSURANCE	DAILY RATE		ESTIMATED PREMIUM
COMPREHENSIVE		\$		\$
SPECIFIED CAUSES OF LOSS				
		\$		\$
COLLISION		\$		\$
			TOTAL PREMIUM	\$

ITEM SEVEN SCHEDULE FOR GROSS RECEIPTS RATING BASIS-LIABILITY COVERAGE

ESTIMATED YEARLY Gross Receipts	RATES Per \$100 Gross Receipts		PREMIUMS	
	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS/ MEDICAL EXPENSE BENEFITS (VA Only)/ INCOME LOSS BENEFITS (VA Only)	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS/ MEDICAL EXPENSE BENEFITS (VA Only)/ INCOME LOSS BENEFITS (VA Only)
\$	\$	\$ /\$ /\$	\$	\$ /\$ /\$
\$	\$	\$ /\$ /\$	\$	\$ /\$ /\$
\$	\$	\$ /\$ /\$	\$	\$ /\$ /\$
\$	\$	\$ /\$ /\$	\$	\$ /\$ /\$
TOTAL PREMIUMS:			\$	\$ /\$ /\$
MINIMUM PREMIUMS:			\$	\$ /\$ /\$

When used as a premium basis:

Gross Receipts means the total amount to which you are entitled for shipping or transporting property during the policy period regardless of whether you or any other carrier originate the shipment or transportation. "Gross Receipts" includes the total amount received from renting equipment, with or without drivers, to anyone who is not a "motor carrier" and 15% of the total amount received from renting any equipment to any "motor carrier". Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising Revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.
- E. Warehouse storage fees.

GARAGE DECLARATIONS

POLICY NUMBER

Policyholder Service Office:

Producer: *

PREVIOUS POLICY NUMBER *

ITEM ONE
NAMED INSURED: _____
MAILING ADDRESS: * _____

POLICY PERIOD: * From: _____ To: _____ At 12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS: * ☐ CORPORATION ☐ INDIVIDUAL ☐ LIMITED LIABILITY COMPANY ☐ PARTNERSHIP ☐ OTHER _____

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

ITEM TWO SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Garage Coverage Form next to the name of the coverage. Entry of a symbol next to Liability provides coverage for "garage operations".

COVERAGES	COVERED AUTOS	LIMIT			PREMIUM
LIABILITY		Each "Accident" "Garage Operations"		Aggregate-"Garage Operations"	\$
		"Auto" Only	Other Than "Auto" Only	Other Than "Auto" Only	
		\$	\$	\$	
PERSONAL INJURY PROTECTION (or equivalent No-Fault Coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ DED.			\$
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-Fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.			\$
PROPERTY PROTECTION INSURANCE (Michigan Only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ DED. FOR EACH ACCIDENT.			\$
MEDICAL PAYMENTS		\$			\$
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)		SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.			\$
UNINSURED MOTORISTS		\$			\$
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		\$			\$
GARAGEKEEPERS COMPREHENSIVE COVERAGE		SEPARATELY STATED FOR EACH LOCATION IN ITEM SIX			\$
GARAGEKEEPERS SPECIFIED CAUSES OF LOSS COVERAGE		SEPARATELY STATED FOR EACH LOCATION IN ITEM SIX			\$
GARAGEKEEPERS COLLISION COVERAGE		SEPARATELY STATED FOR EACH LOCATION IN ITEM SIX			\$
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See Item Seven For Dealers "Autos".			\$
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See Item Seven For Dealers "Autos".			\$
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO. See Item Seven For Dealers "Autos".			\$
PHYSICAL DAMAGE TOWING AND LABOR		\$ For Each Disablement Of A Private Passenger "Auto".			\$
		PREMIUM FOR ENDORSEMENTS			\$
		MICHIGAN CCA SURCHARGE			\$
		ASSESSMENTS AND SURCHARGES			\$
		**ESTIMATED TOTAL PAYABLE			\$
Total shown is payable at inception: \$					

Total shown is payable at inception: \$ _____

** This policy may be subject to final audit.

AUDIT PERIOD (IF APPLICABLE) ☐ ANNUALLY ☐ SEMI-ANNUALLY ☐ QUARTERLY ☐ MONTHLY

ENDORSEMENTS ATTACHED TO THIS POLICY: = _____

COUNTERSIGNED * _____ **BY *** _____
(Date) (Authorized Representative)

* Entry optional if shown in the Common Policy Declarations.

= Forms and Endorsements applicable to this Coverage Part/policy omitted if shown elsewhere in the policy.

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

GARAGE DECLARATIONS (Continued)

ITEM THREE—LOCATIONS WHERE YOU CONDUCT GARAGE OPERATIONS

LOCATION NO.	ADDRESS—State Your Main Business Location First
1	
2	

ITEM FOUR—LIABILITY COVERAGE—PREMIUMS

LOCATION NO.	CLASSES OF OPERATORS	RATING FACTOR(S)	NUMBER OF PERSONS	RATING UNITS	TOTAL RATING UNITS	LIABILITY PREMIUM	PERSONAL INJURY PROTECTION PREMIUM	PROPERTY PROTECTION INSURANCE PREMIUM (MI Only)	MEDICAL EXPENSE BENEFITS PREMIUM (VA Only)	INCOME LOSS BENEFITS PREMIUM (VA Only)
1	Class I— Employees Regular Operators					\$	\$	\$	\$	\$
	Class I— Employees All Others									
	Class II— Non-Employees Under Age 25									
	Class II— Non-Employees Age 25 Or Over									
	All Employees (Only For Trailer Dealers)									
2	Class I— Employees Regular Operators					\$	\$	\$	\$	\$
	Class I— Employees All Others									
	Class II— Non-Employees Under Age 25									
	Class II— Non-Employees Age 25 Or Over									
	All Employees (Only For Trailer Dealers)									
TOTAL PREMIUMS FOR ALL LOCATIONS						\$	\$	\$	\$	\$

Definitions

Class I—Employees

Regular Operator — Proprietors, partners and officers active in the "garage operations," salespersons, general managers, service managers, any "employee" whose principal duty involves the operation of covered "autos" or who is furnished a covered "auto".

All Others — All other "employees".

Note: 1. Part-time "employees" working an average of 20 hours or more a week for the number of weeks worked are to be counted as 1 rating unit each.
2. Part-time "employees" working an average of less than 20 hours a week for the number of weeks worked are to be counted as 1/2 rating unit each.

Class II—Non-Employees Any of the following persons who are regularly furnished with a covered "auto": Inactive proprietors, partners or officers and their relatives and the relatives of any person described in Class I.

ITEM FIVE—LIABILITY COVERAGE FOR YOUR CUSTOMERS

Unless indicated by "☒" below, limited liability coverage is provided for your customers in accordance with paragraph **a.(2)(d)** of Who Is An Insured under Section **II—Liability Coverage**.

☐ If this box is checked, Paragraph **a.(2)(d)** of Who Is An Insured under Section **II—Liability Coverage** does not apply.

ITEM SIX—GARAGEKEEPERS COVERAGES AND PREMIUMS

LOCATION NO.	COVERAGES	LIMIT OF INSURANCE FOR EACH LOCATION (Absence of a limit or deductible below means that the corresponding ITEM TWO limit or deductible applies.)		PREMIUM FOR ALL LOCATIONS
1	Comprehensive	\$	MINUS \$ DEDUCTIBLE FOR EACH CUSTOMER'S AUTO	\$
	Specified Causes Of Loss	\$	FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR MINUS \$ DEDUCTIBLE FOR ALL PERILS SUBJECT TO MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.	
	Collision	\$	MINUS \$ DEDUCTIBLE FOR EACH CUSTOMER'S AUTO.	\$
2	Comprehensive	\$	MINUS \$ DEDUCTIBLE FOR EACH CUSTOMER'S AUTO	\$
	Specified Causes Of Loss	\$	FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR MINUS \$ DEDUCTIBLE FOR ALL PERILS SUBJECT TO MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.	
	Collision	\$	MINUS \$ DEDUCTIBLE FOR EACH CUSTOMER'S AUTO.	\$
TOTAL PREMIUM FOR ALL LOCATIONS				\$

DIRECT COVERAGE OPTIONS Indicate below with an "☒" which, if any, Direct Coverage Option is selected.

- ☐ **EXCESS INSURANCE** If this box is checked, Garagekeepers Coverage remains applicable on a legal liability basis. However, coverage also applies without regard to your or any other "insured's" legal liability for "loss" to a "customer's auto" on an excess basis over any other collectible insurance regardless of whether the other insurance covers your or any other "insured's" interest or the interest of the "customer's auto's" owner.
- ☐ **PRIMARY INSURANCE** If this box is checked, Garagekeepers Coverage is changed to apply without regard to your or any other "insured's" legal liability for "loss" to a "customers auto" and is primary insurance.

GARAGE DECLARATIONS (Continued)

ITEM SEVEN—PHYSICAL DAMAGE COVERAGE—TYPES OF COVERED AUTOS AND INTERESTS IN THESE AUTOS—PREMIUMS—REPORTING OR NONREPORTING BASIS

Each of the following Physical Damage Coverages that is indicated in ITEM TWO applies only to the types of "autos" and interests indicated below by "☒".

COVERAGES	TYPES OF "AUTOS"		INTERESTS COVERED			
	New "Autos"	Used "Autos," Demonstrators And Service Vehicles	Your Interest In Covered "Autos" You Own	Your Interest Only In Financed Covered "Autos"	Your Interest And The Interest Of Any Creditor Named As A Loss Payee	All Interests In Any "Auto" Not Owned By You Or Any Creditor While In Your Possession On Consignment For Sale
Comprehensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specified Causes of Loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LOCATION NO.	COVERAGES	LIMIT OF INSURANCE AND DEDUCTIBLE	RATES	PREMIUM	
1	Comprehensive	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO	\$	\$	
	Specified Causes Of Loss	FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR \$ MINUS \$ DEDUCTIBLE FOR ALL PERILS SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.			
2	Comprehensive	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO	\$	\$	
	Specified Causes Of Loss	FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR \$ MINUS \$ DEDUCTIBLE FOR ALL PERILS SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.			
All	Collision	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO.	Adjustment Factor	\$	
		BLANKET ANNUAL COLLISION RATES			
		First \$50,000			\$50,001 To \$100,000
TOTAL PREMIUM FOR ALL LOCATIONS				\$	

Our Limit of Insurance for "loss" at locations other than those stated in **ITEM THREE**.

\$ Additional locations where you store covered "autos" \$ In transit

PREMIUM BASIS—Reporting (Quarterly or Monthly) or Nonreporting (Indicate Basis Agreed Upon by "☒")

☐ **REPORTING BASIS** (Quarterly or Monthly as indicated below by "☒")

You must report to us on our form the location of your covered "autos" and their total value at each such location. For your main sales location identified as Location No. 1, you must include the total value of all covered "autos" you have furnished or made available to yourself, your executives, your "employees" or family members and other Class II—Non-Employees, and covered "autos" that are temporarily displayed or stored at locations other than those stated in ITEM THREE. For your main sales location you must include the total value of all service vehicles.

YOUR REPORTING BASIS IS:

☐ **QUARTERLY**—You must give us your first report by the fifteenth of the fourth month after the policy begins. Your subsequent reports must be given to us by the fifteenth of every third month. Your reports must contain the value for the last business day of every third month coming within the policy period.

☐ **MONTHLY**—You must give us your reports by the fifteenth of every month. Your reports will contain the total values you had on the last business day of the preceding month.

Premiums will be calculated pro rata of the annual premium for the exposures contained in each report. At the end of each policy year we will add the monthly premiums or the quarterly premiums to determine your final premium due for the entire policy year. The estimated total premiums shown above will be credited against the final premium due.

☐ **NONREPORTING BASIS**—Stated limit of insurance shown above applies.

Loss Payee—Any loss is payable as interest may appear to you and:

ITEM EIGHT—MEDICAL PAYMENTS COVERAGE—REFER TO ITEM NINE FOR COVERED AUTOS INSURED ON A SPECIFIED CAR BASIS.

COVERAGE	PREMIUM DETERMINATION	PREMIUM
Auto Medical Payments Only	Auto Medical Payments Premium Equals %	\$
Premises And Operations Medical Payments (Does Not Apply To Bodily Injury Caused By Any Auto)	Premises And Operations Medical Payments Premium Equals %	\$
Premises And Operations And Auto Medical Payments	Premises And Operations And Auto Medical Payments Premium Equals %	\$

GARAGE DECLARATIONS (Continued)

ITEM NINE—SCHEDULE OF COVERED AUTOS WHICH ARE FURNISHED TO SOMEONE OTHER THAN A CLASS I OR CLASS II OPERATOR OR WHICH ARE INSURED ON A SPECIFIED CAR BASIS

Covered Auto No.	DESCRIPTION								PURCHASED				TERRITORY				
	Year, Model, Trade Name, Body Type Serial Number (s) Vehicle Identification Number (VIN)								Original Cost New		Actual Cost & NEW (N) USED (U)		Town & State Where The Covered Auto Will Be Principally Garaged				
1									\$		\$						
2									\$		\$						
Covered Auto No.	Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	CLASSIFICATION		Secondary Rating Factor	Code	EXCEPT For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below As Interests May Appear At The Time Of The Loss.								
					Primary Rating Factor	Liab.											
																	Phy. Damage
1																	
2																	
COVERAGES—PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)																	
Covered Auto No.	LIABILITY		PERSONAL INJURY PROTECTION (P.I.P.)		ADDED P.I.P.	PROPERTY PROTECTION (P.P.I.) (Michigan Only)		AUTO MEDICAL PAYMENTS/ MEDICAL EXPENSE AND INCOME LOSS BENEFITS - Virginia Only		COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION		TOWING & LABOR	
	Limit (In Thou- sands)	Premium	Limit * Minus Deductible Shown Below	Premium	Limit * Premium	Limit* Minus Deductible Shown Below	Premium	Limit **	Premium	Limit** Minus Deductible Shown Below	Premium	Limit ** Minus Deductible Shown Below	Premium	Limit** Minus Deductible Shown Below	Premium	Limit Per Disablement	Premium
1	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
2	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total Premium		\$	---	\$	\$	---	\$	---	\$	---	\$	---	\$	---	\$	---	\$
*Limit Stated In Each Applicable P.I.P. Or P.P.I. Endorsement. ** Limit stated in ITEM TWO. Additional Coverage(s)— Limit, Deductible, Premium:																	
Covered Auto	Person or organization to which the Covered "Auto" has been furnished. (Do not include Covered "Autos" which have been furnished to Class I or Class II operators.)																
1																	
2																	

ITEM TEN—LIABILITY PREMIUM FOR PICK UP AND DELIVERY OF AUTOS—NON-FRANCHISED DEALERS ONLY

NUMBER OF DRIVER TRIPS		RATE	PREMIUM
51-200 Miles			\$
Over 200 Miles			\$
TOTAL PREMIUM(S)			\$

BUSINESS AUTO PHYSICAL DAMAGE DECLARATIONS

POLICY NUMBER

Policyholder Service Office:

Producer:

PREVIOUS POLICY NUMBER

ITEM ONE

NAMED INSURED:

MAILING ADDRESS:

POLICY PERIOD: From: _____ To: _____ at 12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS:

☐ CORPORATION ☐ INDIVIDUAL ☐ LIMITED LIABILITY COMPANY ☐ PARTNERSHIP ☐ OTHER _____

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Physical Damage Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Business Auto Physical Damage Coverage Form shows which autos are covered autos.)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ _____ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See ITEM FOUR For Hired Or Borrowed "Autos".	\$ _____
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ _____ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR For Hired Or Borrowed "Autos".	\$ _____
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ _____ DED. FOR EACH COVERED AUTO. See ITEM FOUR For Hired Or Borrowed "Autos".	\$ _____
PHYSICAL DAMAGE TOWING AND LABOR		\$ _____ For Each Disablement Of A Private Passenger "Auto".	\$ _____
PREMIUM FOR ENDORSEMENTS			\$ _____
ASSESSMENTS AND SURCHARGES			\$ _____
*ESTIMATED TOTAL PAYABLE			\$ _____

Total shown is payable at inception: \$ _____

* This policy may be subject to final audit.

AUDIT PERIOD (IF APPLICABLE) ☐ ANNUALLY ☐ SEMI-ANNUALLY ☐ QUARTERLY ☐ MONTHLY

ENDORSEMENTS ATTACHED TO THIS POLICY: _____

COUNTERSIGNED

(Date)

BY

(Authorized Representative)

BUSINESS AUTO PHYSICAL DAMAGE DECLARATIONS (Continued)
**ITEM THREE
SCHEDULE OF COVERED AUTOS YOU OWN**

Covered Auto No.	DESCRIPTION		PURCHASED		TERRITORY	
	Year, Model, Trade Name, Body Type Serial Number(s) Vehicle Identification Number (VIN)		Original Cost New	Actual Cost & NEW (N) USED (U)	Town & State Where The Covered Auto Will Be Principally Garaged	
1			\$	\$		
2			\$	\$		
3			\$	\$		
4			\$	\$		
5			\$	\$		

Covered Auto No.	CLASSIFICATION								
	Radius Of Operation	Business Use s = service r = retail c = commercial	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code	EXCEPT For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below As Interests May Appear At The Time Of The Loss.
					Liab.	Phy. Dam.			
1									
2									
3									
4									
5									

Covered Auto No.	COVERAGES-PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)							
	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION		TOWING AND LABOR	
	Limit Stated in ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated in ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated in ITEM TWO Minus Deductible Shown Below	Premium	Limit Per Disablement	Premium
1	\$	\$	\$	\$	\$	\$	\$	\$
2	\$	\$	\$	\$	\$	\$	\$	\$
3	\$	\$	\$	\$	\$	\$	\$	\$
4	\$	\$	\$	\$	\$	\$	\$	\$
5	\$	\$	\$	\$	\$	\$	\$	\$
Total Premium		\$		\$		\$		\$

**ITEM FOUR
SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS**

PHYSICAL DAMAGE COVERAGE				
COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
COMPREHENSIVE	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.	\$	\$	\$
SPECIFIED CAUSES OF LOSS	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$	\$	\$
COLLISION	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$	\$	\$
TOTAL PREMIUM				\$



INSURANCE POLICY

Represented by:

INSURANCE IS PROVIDED BY
THE COMPANY DESIGNATED ON THE DECLARATIONS PAGE

IN WITNESS WHEREOF, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.

OLD REPUBLIC INSURANCE COMPANY
[133 Oakland Avenue
Greensburg, Pennsylvania 15601]
A Stock Company

[*Spencer Kirby*]

Secretary

[*Ja Keeney*]

President

OLD REPUBLIC
Corporate Offices
[**307 North Michigan Avenue**
Chicago, Illinois 60601
(312) 346-8100]

<i>SERFF Tracking Number:</i>	<i>LDDX-125799073</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Old Republic Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>CA AR0198101F01</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0003 Other</i>
<i>Product Name:</i>	<i>Old Republic Independent CA Forms</i>		
<i>Project Name/Number:</i>	<i>Old Republic Independent CA Forms/CA AR0198101F01</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	LDDX-125799073	State:	Arkansas
Filing Company:	Old Republic Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	CA AR0198101F01		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0003 Other
Product Name:	Old Republic Independent CA Forms		
Project Name/Number:	Old Republic Independent CA Forms/CA AR0198101F01		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	09/03/2008
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Comments:

Attachment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

Satisfied -Name:	Filing Memorandum, CA DEC GN 0003 markup, CA DEC GN 0006 markup, CA DEC GN 0007 markup, CA DEC GN 0008 markup, Policy Jacket markup	Review Status:	Approved	09/03/2008
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Comments:

Attachments:

Filing Memorandum.PDF
CA DEC GN 0003 markup.PDF
CA DEC GN 0006 markup.PDF
CA DEC GN 0007 markup.PDF
CA DEC GN 0008 markup.PDF
Policy Jacket markup.PDF


Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

3. Group Name	Old Republic Insurance Group				Group NAIC #	0150
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Old Republic Insurance Company	PA	24147	25-0410420			

5. Company Tracking Number	CA AR0198101F01
-----------------------------------	-----------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Jodi L. Woods 307 N. Michigan Avenue Chicago IL 60601	State Filings Analyst	800-621-0365 Ext. 4532	312-762-4950	jwoods@oldrepublic.com
7. Signature of authorized filer				
8. Please print name of authorized filer	Jodi L. Woods			

Filing Information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	20.0 Commercial Auto			
10. Sub-Type of Insurance (Sub-TOI)	20.0003 Other			
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]				
12. Company Program Title (Marketing Title)	Commercial Auto Program			
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:	11/01/08	Renewal:	11/01/08
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing	09/02/08			
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	CA AR0198101F01
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

Old Republic Insurance Company has changed their company logo. We submit for your review and approval the following Policy Jacket and Declaration pages. We have made slight alterations to the formatting of the documents along with some minor language changes. We attach mark up versions for your information. We are also submit new Decalaration page CA DEC GN 0026 08 08.
CADEC0000 is being withdrawn.

We request an effective date of 11/01/08.

22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 20px;"> Check #: Amount: </div> <div style="text-align: center; margin-top: 100px;"> Refer to each state's checklist for additional state specific requirements or instructions on calculating fees. </div>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**Old Republic Insurance Company
Commercial Automobile Program
Form Filing Memorandum**

Old Republic Insurance Company has changed their company logo. We submit for your review and approval the following Policy Jacket and Declaration pages. The only changes to the current versions on file are the company logo and edition dates. We attach mark up versions for your information.

Policy Jacket – Manual J-01 (02/08) replaces J-01-03-05:

- ✓ This policy jacket is being revised to reflect the new company logo. This policy jacket has an area provided below the words “Insurance Policy” for the imprintation of our issuing and policyholder servicing office address. The blank area above the words “Insurance Policy” may have an imprintation of the type of policy/program being issued. The following items contained in the Policy Jacket are filed with brackets to indicate that the values could change over time:

- (1) Insurer company address
- (2) Insurance company group corporate address and phone number
- (3) Signature of Secretary
- (4) Signature of President

If any of the above 4 items change, the policy jacket will not be re-filed.

Business Auto Declarations CA DEC GN 0003 08 08 replaces CA DEC GN 0003 04 06.

Truckers Declarations CA DEC GN 0006 08 08 replaces CA DEC GN 0006 04 06.

Motor Carrier Declarations CA DEC GN 0007 08 08 replaces CA DEC GN 0007 04 06.

Garage Declarations CA DEC GN 0008 08 08 replaces CA DEC GN 0008 04 06.

Business Auto Physical Damage Declarations CA DEC GN 0026 08 08 new Declaration page.

Withdrawn Form Listing

D = Declaration

Form #	Edition Date	Form Title	Type of Form
CADEC0000	07 05	Commercial Auto Declaration	D

We withdraw obsolete Commercial Auto Declaration CADEC0000 07 05.



Greensburg, Pennsylvania
A Stock Company

BUSINESS AUTO DECLARATIONS



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Greensburg, Pennsylvania
A Stock Company¶

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POLICY NUMBER

Policyholder Service Office:

Producer: *

PREVIOUS POLICY NUMBER *

ITEM ONE

NAMED INSURED:

MAILING ADDRESS: *

POLICY PERIOD: * From: _____ To: _____ at 12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS: *

☐ CORPORATION

☐ INDIVIDUAL

☐ LIMITED LIABILITY COMPANY

☐ PARTNERSHIP

☐ OTHER

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS	LIMIT	PREMIUM
LIABILITY		\$	\$
PERSONAL INJURY PROTECTION (or equivalent No-Fault Coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ DED.	\$
ADDED PERSONAL INJURY PROTECTION (or equivalent added No-Fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.	\$
PROPERTY PROTECTION INSURANCE (Michigan Only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ DED. FOR EACH ACCIDENT.	\$
AUTO MEDICAL PAYMENTS		\$	\$
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)		SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.	\$
UNINSURED MOTORISTS		\$	\$
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		\$	\$
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See ITEM FOUR For Hired Or Borrowed "Autos".	\$
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR For Hired Or Borrowed "Autos".	\$
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO. See ITEM FOUR For Hired Or Borrowed "Autos".	\$
PHYSICAL DAMAGE TOWING AND LABOR		\$ For Each Disablement Of A Private Passenger "Auto".	\$
PREMIUM FOR ENDORSEMENTS			\$
[MICHIGAN CCA SURCHARGE]			\$
[ASSESSMENTS AND SURCHARGES]			\$
**ESTIMATED TOTAL PAYABLE			\$

Total shown is payable at inception: \$

** This policy may be subject to final audit.

AUDIT PERIOD (IF APPLICABLE) ☐ ANNUALLY ☐ SEMI-ANNUALLY ☐ QUARTERLY ☐ MONTHLY

ENDORSEMENTS ATTACHED TO THIS POLICY: =

COUNTERSIGNED *

(Date)

BY *

(Authorized Representative)

* Entry optional if shown in the Common Policy Declarations.

= Forms and Endorsements applicable to this Coverage Part/policy omitted if shown elsewhere in the policy.

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

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Page 1 of 4

BUSINESS AUTO DECLARATIONS (Continued)

**ITEM THREE
SCHEDULE OF COVERED AUTOS YOU OWN**

Covered Auto No.	DESCRIPTION					PURCHASED		TERRITORY	
	Year, Model, Trade Name, Body Type Serial Number(s) Vehicle Identification Number (VIN)					Original Cost New	Actual Cost & NEW (N) USED (U)	Town & State Where The Covered Auto Will Be Principally Garaged	
1						\$	\$		
2						\$	\$		
3						\$	\$		
4						\$	\$		
5						\$	\$		
Covered Auto No.	CLASSIFICATION								
	Radius Of Operation	Business Use s = service r = retail c = commercial	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Primary Rating Factor Liab. Phy. Dam.	Secondary Rating Factor	Code	EXCEPT For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below As Interests May Appear At The Time Of The Loss.	
1									
2									
3									
4									
5									
Covered Auto No.	COVERAGES-PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)								
	LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P.		PROP. PROTECTION (Michigan only)		
	Limit	Premium	Limit Stated In Each P.I.P. End. Minus Deductible Shown Below	Premium	Limit Stated In Each Added P.I.P. End.	Premium	Limit Stated In P.P.I. End. Minus Deductible Shown Below	Premium	
1	\$	\$	\$	\$		\$	\$	\$	
2	\$	\$	\$	\$		\$	\$	\$	
3	\$	\$	\$	\$		\$	\$	\$	
4	\$	\$	\$	\$		\$	\$	\$	
5	\$	\$	\$	\$		\$	\$	\$	
Total Premium		\$		\$		\$		\$	
Covered Auto No.	COVERAGES-PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)								
	AUTO MEDICAL PAYMENTS		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)						
	Limit	Premium	Limit Stated In Each Medical Expense And Income Loss Benefits End. For Each Person	Premium					
1	\$	\$	\$	\$					
2	\$	\$	\$	\$					
3	\$	\$	\$	\$					
4	\$	\$	\$	\$					
5	\$	\$	\$	\$					
Total Premium		\$		\$					
Covered Auto No.	COVERAGES-PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)								
	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION		TOWING AND LABOR		
	Limit Stated in ITEM TWO Minus Deduc- tible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deduc- tible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Per Disablement	Premium	
1	\$	\$	\$	\$	\$	\$	\$	\$	
2	\$	\$	\$	\$	\$	\$	\$	\$	
3	\$	\$	\$	\$	\$	\$	\$	\$	
4	\$	\$	\$	\$	\$	\$	\$	\$	
5	\$	\$	\$	\$	\$	\$	\$	\$	
Total Premium		\$		\$		\$		\$	

BUSINESS AUTO DECLARATIONS (Continued)

ITEM FOUR
SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

LIABILITY COVERAGE-RATING BASIS, COST OF HIRE				
STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	FACTOR (If Liability Coverage Is Primary)	PREMIUM
	\$	\$		\$
LIABILITY COVERAGE-RATING BASIS, NUMBER OF DAYS (FOR MOBILE OR FARM EQUIPMENT-RENTAL PERIOD BASIS)				
STATE	ESTIMATED NUMBER OF DAYS EQUIPMENT WILL BE RENTED	BASE PREMIUM	FACTOR	PREMIUM
	\$	\$		\$
TOTAL PREMIUM				\$

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

PHYSICAL DAMAGE COVERAGE				
COVERAGES	LIMIT OF INSURANCE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
COMPREHENSIVE	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.	\$	\$	\$
SPECIFIED CAUSES OF LOSS	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$	\$	\$
COLLISION	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$	\$	\$
TOTAL PREMIUM				\$

ITEM FIVE
SCHEDULE FOR NON-OWNERSHIP LIABILITY

NAMED INSURED'S BUSINESS	RATING BASIS	NUMBER	PREMIUM
Other Than Garage Service Operations And Other Than Social Service Agencies	Number Of Employees		\$
	Number Of Partners		\$
Garage Service Operations	Number Of Employees Whose Principal Duty Involves The Operation Of Autos		\$
Social Service Agencies	Number Of Employees		\$
	Number Of Volunteers		\$
TOTAL PREMIUMS			\$

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LIABILITY COVERAGE

BUSINESS AUTO DECLARATIONS (Continued)

**ITEM SIX
SCHEDULE FOR GROSS RECEIPTS OR MILEAGE BASIS-LIABILITY COVERAGE-PUBLIC AUTO OR LEASING RENTAL CONCERNS**

LOCATION NO.:		ADDRESS:			
ESTIMATED YEARLY: <input type="checkbox"/> Gross Receipts (Per \$100) <input type="checkbox"/> Mileage (Per Mile) _____	RATES <input type="checkbox"/> Gross Receipts (Per \$100) <input type="checkbox"/> Mileage (Per Mile)		PREMIUMS		
	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS/ MEDICAL EXPENSE BENEFITS (VA Only)/ INCOME LOSS BENEFITS (VA Only)	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS/ MEDICAL EXPENSE BENEFITS (VA Only)/ INCOME LOSS BENEFITS (VA Only)	
	\$	\$ /\$ /\$	\$	\$ /\$ /\$	
MINIMUM PREMIUMS:			\$	\$ /\$ /\$	

LOCATION NO.:		ADDRESS:			
ESTIMATED YEARLY: <input type="checkbox"/> Gross Receipts (Per \$100) <input type="checkbox"/> Mileage (Per Mile) _____	RATES <input type="checkbox"/> Gross Receipts (Per \$100) <input type="checkbox"/> Mileage (Per Mile)		PREMIUMS		
	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS/ MEDICAL EXPENSE BENEFITS (VA Only)/ INCOME LOSS BENEFITS (VA Only)	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS/ MEDICAL EXPENSE BENEFITS (VA Only)/ INCOME LOSS BENEFITS (VA Only)	
	\$	\$ /\$ /\$	\$	\$ /\$ /\$	
MINIMUM PREMIUMS:			\$	\$ /\$ /\$	

TOTAL PREMIUMS				
MINIMUM LIABILITY COVERAGE	MINIMUM AUTO MEDICAL PAYMENTS/ MEDICAL EXPENSE BENEFITS (VA Only)/ INCOME LOSS BENEFITS (VA Only)		LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS/ MEDICAL EXPENSE BENEFITS (VA Only)/ INCOME LOSS BENEFITS (VA Only)
\$	\$ /\$ /\$		\$	\$ /\$ /\$

When used as a premium basis:

FOR PUBLIC AUTOS

Gross Receipts means the total amount to which you are entitled for transporting passengers, mail or merchandise during the policy period regardless of whether you or any other carrier originate the transportation. Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.

Mileage means the total live and dead mileage of all revenue producing units operated during the policy period.

FOR RENTAL OR LEASING CONCERNS

Gross receipts means the total amount to which you are entitled for the leasing or rental of "autos" during the policy period and includes taxes except those taxes which you collect as a separate item and remit directly to a governmental division.

Mileage means the total of all live and dead mileage developed by all the "autos" you leased or rented to others during the policy period.

POLICY NUMBER

Policyholder Service Office:

Producer: *

PREVIOUS POLICY NUMBER *

ITEM ONE

NAMED INSURED:

MAILING ADDRESS: *

POLICY PERIOD: * From to at 12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS: *

☐ CORPORATION ☐ INDIVIDUAL ☐ LIMITED LIABILITY COMPANY ☐ PARTNERSHIP ☐ OTHER

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Truckers Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Truckers Coverage Form shows which autos are covered autos.)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY		\$	\$
PERSONAL INJURY PROTECTION (or equivalent No-Fault Coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ DED.	\$
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-Fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.	\$
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ DED. FOR EACH ACCIDENT.	\$
MEDICAL PAYMENTS		\$	\$
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)		\$ SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.	\$
UNINSURED MOTORISTS		\$	\$
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		\$	\$
TRAILER INTERCHANGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS.	\$
TRAILER INTERCHANGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$
TRAILER INTERCHANGE COLLISION COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.	\$
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$
PHYSICAL DAMAGE TOWING AND LABOR		\$ For Each Disablement Of A Private Passenger "Auto".	\$
PREMIUM FOR ENDORSEMENTS			\$
[MICHIGAN CCA SURCHARGE]			\$
[ASSESSMENTS AND SURCHARGES]			\$
**ESTIMATED TOTAL PAYABLE			\$

Total shown is payable: \$ at inception.

AUDIT PERIOD (IF APPLICABLE) ☐ ANNUALLY ☐ SEMI-ANNUALLY ☐ QUARTERLY ☐ MONTHLY

ENDORSEMENTS ATTACHED TO THIS POLICY: =

COUNTERSIGNED *

(Date)

BY *

(Authorized Representative)

* Entry optional if shown in the Common Policy Declarations.

= Forms and Endorsements applicable to this Coverage Part/policy omitted if shown elsewhere in the policy.

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

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Greensburg, Pennsylvania
A Stock Company¶

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TRUCKERS DECLARATIONS (CONTINUED)

ITEM THREE
SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION						PURCHASED		TERRITORY
	Year, Model, Trade Name, Body Type Serial Number (s) Vehicle Identification Number (VIN)						Original Cost New	Actual Cost & NEW (N) USED (U)	Town & State Where The Covered Auto Will Be Principally Garaged
1							\$	\$	
2							\$	\$	
3							\$	\$	
4							\$	\$	
5							\$	\$	
Covered Auto No.	CLASSIFICATION								
	Radius Of Operation	Business Use s = service r = retail c = commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code	EXCEPT For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below As Interests May Appear At The Time Of The Loss.
					Liab.	Phy. Dam			
1									
2									
3									
4									
5									
Covered Auto No.	COVERAGES-PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)								
	LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P.		PROPERTY PROTECTION (Michigan Only)		
	Limit	Premium	Limit Stated In Each P.I.P. End. Minus Deductible Shown Below	Premium	Limit Stated In Each Added P.I.P. End.	Premium	Limit Stated In P.P.I. End. Minus Deductible Shown Below	Premium	
1	\$	\$	\$	\$		\$	\$	\$	
2	\$	\$	\$	\$		\$	\$	\$	
3	\$	\$	\$	\$		\$	\$	\$	
4	\$	\$	\$	\$		\$	\$	\$	
5	\$	\$	\$	\$		\$	\$	\$	
Total Premium		\$		\$		\$		\$	
Covered Auto No.	COVERAGES-PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)								
	AUTO MEDICAL PAYMENTS		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)						
	Limit	Premium	Limit Stated In Each Medical Expense And Income Loss Benefits End. For Each Person	Premium					
1	\$	\$	\$	\$					
2	\$	\$	\$	\$					
3	\$	\$	\$	\$					
4	\$	\$	\$	\$					
5	\$	\$	\$	\$					
Total Premium		\$		\$					
Covered Auto No.	COVERAGES-PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)								
	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION		TOWING & LABOR		
	Limit Stated In ITEM TWO Minus Deductible	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible	Premium	Limit Per Disablement	Premium	
	Shown Below		Shown Below		Shown Below				
1	\$	\$	\$	\$	\$	\$	\$	\$	
2	\$	\$	\$	\$	\$	\$	\$	\$	
3	\$	\$	\$	\$	\$	\$	\$	\$	
4	\$	\$	\$	\$	\$	\$	\$	\$	
5	\$	\$	\$	\$	\$	\$	\$	\$	
Total Premium		\$		\$		\$		\$	

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TRUCKERS DECLARATIONS (CONTINUED)

ITEM FOUR
SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

LIABILITY COVERAGE-RATING BASIS, COST OF HIRE - AUTOS USED IN YOUR TRUCKING OPERATIONS				
ESTIMATED COST OF HIRE		RATE PER EACH \$100 COST OF HIRE		TOTAL ESTIMATED PREMIUM
\$		\$		\$
LIABILITY COVERAGE - RATING BASIS, COST OF HIRE - AUTOS NOT USED IN YOUR TRUCKING OPERATIONS				
STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	FACTOR (If Liability Coverage Is Primary)	PREMIUM
	\$	\$		\$
TOTAL PREMIUM				\$
LIABILITY COVERAGE-RATING BASIS, NUMBER OF DAYS - (FOR MOBILE OR FARM EQUIPMENT-RENTAL PERIOD BASIS)				
STATE	ESTIMATED NUMBER OF DAYS EQUIPMENT WILL BE RENTED	BASE PREMIUM	FACTOR	PREMIUM
		\$		\$
TOTAL PREMIUM				\$
PHYSICAL DAMAGE COVERAGE				
COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
COMPREHENSIVE	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.	\$	\$	\$
SPECIFIED CAUSES OF LOSS	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$	\$	\$
COLLISION	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$	\$	\$
TOTAL PREMIUM				\$

Cost of hire means:

- (a) The total dollar amount of costs you incurred for the hire of automobiles (includes trailers and semitrailers), and if not included therein,
- (b) The total remunerations of all operators and drivers helpers, of hired automobiles whether hired with a driver by lessor or an "employee" of the lessee, or any other third party, and,
- (c) The total dollar amount of any other costs (i.e., repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles whether such costs are absorbed by the insured, paid to the lessor or owner, or paid to others.

ITEM FIVE
SCHEDULE FOR NON-OWNERSHIP LIABILITY

RATING BASIS	NUMBER	PREMIUM
Number Of Employees		\$
Number Of Partners		\$
	TOTAL	\$

Deleted: INCLUDED IN ITEM TWO, LIABILITY COVERAGE

TRUCKERS DECLARATIONS (CONTINUED)

ITEM SIX
TRAILER INTERCHANGE COVERAGE

COVERAGES	LIMIT OF INSURANCE	DAILY RATE		ESTIMATED PREMIUM
COMPREHENSIVE		\$		\$
SPECIFIED CAUSES OF LOSS				
		\$		\$
COLLISION		\$		\$
			TOTAL PREMIUM	\$

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ITEM SEVEN
SCHEDULE FOR GROSS RECEIPTS RATING BASIS-LIABILITY COVERAGE

ESTIMATED YEARLY Gross Receipts	RATES Per \$100 Gross Receipts		PREMIUMS	
	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS/ MEDICAL EXPENSE BENEFITS (VA Only)/ INCOME LOSS BENEFITS (VA Only)	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS/ MEDICAL EXPENSE BENEFITS (VA Only)/ INCOME LOSS BENEFITS (VA Only)
\$	\$	\$ /\$ /\$	\$	\$ /\$ /\$
\$	\$	\$ /\$ /\$	\$	\$ /\$ /\$
\$	\$	\$ /\$ /\$	\$	\$ /\$ /\$
\$	\$	\$ /\$ /\$	\$	\$ /\$ /\$
TOTAL PREMIUMS:			\$	\$ /\$ /\$
MINIMUM PREMIUMS:			\$	\$ /\$ /\$

- When used as a premium basis:
- Gross Receipts means the total amount to which you are entitled for shipping or transporting property during the policy period regardless of whether you or any other carrier originate the shipment or transportation. "Gross Receipts" includes the total amount received from renting equipment, with or without drivers, to anyone who is not a "trucker" and 15% of the total amount received from renting any equipment to any "trucker". Gross Receipts does not include:
- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
 - B. Advertising Revenue.
 - C. Taxes which you collect as a separate item and remit directly to a governmental division.
 - D. C.O.D. collections for cost of mail or merchandise including collection fees.
 - E. Warehouse storage fees.

POLICY NUMBER

Policyholder Service Office:

Producer: *

PREVIOUS POLICY NUMBER *

ITEM ONE

NAMED INSURED:

MAILING ADDRESS: *

POLICY PERIOD: * From: _____ To: _____ at 12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS: *

☐ CORPORATION ☐ INDIVIDUAL ☐ LIMITED LIABILITY COMPANY ☐ PARTNERSHIP ☐ OTHER _____

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Motor Carrier Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Motor Carrier Coverage Form shows which autos are covered autos.)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY		\$	\$
PERSONAL INJURY PROTECTION (or equivalent No-Fault Coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS DED.	\$
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-Fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.	\$
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS DED. FOR EACH ACCIDENT.	\$
AUTO MEDICAL PAYMENTS		\$	\$
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)		\$ SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.	\$
UNINSURED MOTORISTS		\$	\$
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		\$	\$
TRAILER INTERCHANGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS.	\$
TRAILER INTERCHANGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$
TRAILER INTERCHANGE COLLISION COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS DED. FOR EACH COVERED AUTO.	\$
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.	\$
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$
PHYSICAL DAMAGE TOWING AND LABOR		\$ For Each Disablement Of A Private Passenger "Auto".	\$
PREMIUM FOR ENDORSEMENTS			\$
[MICHIGAN CCA SURCHARGE]			\$
[ASSESSMENTS AND SURCHARGES]			\$
**ESTIMATED TOTAL PAYABLE			\$

Total shown is payable: \$ _____ at inception.

AUDIT PERIOD (IF APPLICABLE) ☐ ANNUALLY ☐ SEMI-ANNUALLY ☐ QUARTERLY ☐ MONTHLY

ENDORSEMENTS ATTACHED TO THIS POLICY: =

** This policy may be subject to final audit.

COUNTERSIGNED *

BY *

(Date)

(Authorized Representative)

* Entry optional if shown in the Common Policy Declarations.

= Forms and Endorsements applicable to this Coverage Part/policy omitted if shown elsewhere in the policy.

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

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Greensburg, Pennsylvania
A Stock Company¶

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MOTOR CARRIER DECLARATIONS (CONTINUED)

ITEM THREE
SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION					PURCHASED		TERRITORY	
	Year, Model, Trade Name, Body Type Serial Number (s) Vehicle Identification Number (VIN)					Original Cost New	Actual Cost & NEW (N) USED (U)	Town & State Where The Covered Auto Will Be Principally Garaged	
1						\$	\$		
2						\$	\$		
3						\$	\$		
4						\$	\$		
5						\$	\$		
Covered Auto No.	Radius Of Operation	Business Use s = service r = retail c = commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code	EXCEPT For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below As Interests May Appear At The Time Of The Loss.
					Liab.	Phy. Dam			
1									
2									
3									
4									
5									
COVERAGES-PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)									
Covered Auto No.	LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P.		PROPERTY PROTECTION (Michigan Only)		
	Limit	Premium	Limit Stated In Each P.I.P. End. Minus Deductible Shown Below	Premium	Limit Stated In Each Added P.I.P. End.	Premium	Limit Stated In P.P.I. End. Minus Deductible Shown Below	Premium	
1	\$	\$	\$	\$		\$	\$	\$	
2	\$	\$	\$	\$		\$	\$	\$	
3	\$	\$	\$	\$		\$	\$	\$	
4	\$	\$	\$	\$		\$	\$	\$	
5	\$	\$	\$	\$		\$	\$	\$	
Total Premium		\$		\$		\$		\$	
COVERAGES-PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)									
Covered Auto No.	AUTO MEDICAL PAYMENTS		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)						
	Limit	Premium	Limit Stated In Each Medical Expense And Income Loss Benefits End. For Each Person	Premium					
1	\$	\$	\$	\$					
2	\$	\$	\$	\$					
3	\$	\$	\$	\$					
4	\$	\$	\$	\$					
5	\$	\$	\$	\$					
Total Premium		\$		\$					
COVERAGES-PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)									
Covered Auto No.	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION		TOWING & LABOR		
	Limit Stated In ITEM TWO Minus Deductible	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible	Premium	Limit Per Disablement	Premium	
1	\$	\$	\$	\$	\$	\$	\$	\$	
2	\$	\$	\$	\$	\$	\$	\$	\$	
3	\$	\$	\$	\$	\$	\$	\$	\$	
4	\$	\$	\$	\$	\$	\$	\$	\$	
5	\$	\$	\$	\$	\$	\$	\$	\$	
Total Premium		\$		\$		\$		\$	

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MOTOR CARRIER DECLARATIONS (CONTINUED)

ITEM FOUR
SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

LIABILITY COVERAGE-RATING BASIS, COST OF HIRE - AUTOS USED IN YOUR MOTOR CARRIER OPERATIONS				
ESTIMATED COST OF HIRE		RATE PER EACH \$100 COST OF HIRE		TOTAL ESTIMATED PREMIUM
\$		\$		\$
LIABILITY COVERAGE-RATING BASIS, COST OF HIRE - AUTOS NOT USED IN YOUR MOTOR CARRIER OPERATIONS				
STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	FACTOR (If Liability Coverage Is Primary)	PREMIUM
	\$	\$		\$
TOTAL PREMIUM				\$
LIABILITY COVERAGE-RATING BASIS, NUMBER OF DAYS - (FOR MOBILE OR FARM EQUIPMENT-RENTAL PERIOD BASIS)				
STATE	ESTIMATED NUMBER OF DAYS EQUIPMENT WILL BE RENTED	BASE PREMIUM	FACTOR	PREMIUM
		\$		\$
TOTAL PREMIUM				\$
PHYSICAL DAMAGE COVERAGE				
COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
COMPREHENSIVE	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.	\$	\$	\$
SPECIFIED CAUSES OF LOSS	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$	\$	\$
COLLISION	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$	\$	\$
TOTAL PREMIUM				\$

Cost of hire means:

- (a) The total dollar amount of costs you incurred for the hire of automobiles (includes trailers and semitrailers), and if not included therein,
- (b) The total remunerations of all operators and drivers helpers, of hired automobiles whether hired with a driver by lessor or an "employee" of the lessee, or any other third party, and,
- (c) The total dollar amount of any other costs (i.e., repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles whether such costs are absorbed by the insured, paid to the lessor or owner, or paid to others.

ITEM FIVE
SCHEDULE FOR NON-OWNERSHIP LIABILITY

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LIABILITY COVERAGE

RATING BASIS	NUMBER	PREMIUM
Number Of Employees		\$
Number Of Partners		\$
TOTAL		\$

ITEM SIX
TRAILER INTERCHANGE COVERAGE

COVERAGES	LIMIT OF INSURANCE	DAILY RATE	ESTIMATED PREMIUM
COMPREHENSIVE		\$	\$
SPECIFIED CAUSES OF LOSS			
		\$	\$
COLLISION		\$	\$
		TOTAL PREMIUM	\$

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ITEM SEVEN
SCHEDULE FOR GROSS RECEIPTS RATING BASIS-LIABILITY COVERAGE

ESTIMATED YEARLY Gross Receipts	RATES Per \$100 Gross Receipts		PREMIUMS	
	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS/ MEDICAL EXPENSE BENEFITS (VA Only)/ INCOME LOSS BENEFITS (VA Only)	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS/ MEDICAL EXPENSE BENEFITS (VA Only)/ INCOME LOSS BENEFITS (VA Only)
\$	\$	\$ /\$ /\$	\$	\$ /\$ /\$
\$	\$	\$ /\$ /\$	\$	\$ /\$ /\$
\$	\$	\$ /\$ /\$	\$	\$ /\$ /\$
\$	\$	\$ /\$ /\$	\$	\$ /\$ /\$
TOTAL PREMIUMS:			\$	\$ /\$ /\$
MINIMUM PREMIUMS:			\$	\$ /\$ /\$

- When used as a premium basis:
- Gross Receipts means the total amount to which you are entitled for shipping or transporting property during the policy period regardless of whether you or any other carrier originate the shipment or transportation. "Gross Receipts" includes the total amount received from renting equipment, with or without drivers, to anyone who is not a "motor carrier" and 15% of the total amount received from renting any equipment to any "motor carrier". Gross Receipts does not include:
- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
 - B. Advertising Revenue.
 - C. Taxes which you collect as a separate item and remit directly to a governmental division.
 - D. C.O.D. collections for cost of mail or merchandise including collection fees.
 - E. Warehouse storage fees.

GARAGE DECLARATIONS

POLICY NUMBER

Policyholder Service Office:

Producer: *

PREVIOUS POLICY NUMBER *

ITEM ONE

NAMED INSURED:

MAILING ADDRESS: *

POLICY PERIOD: * From: _____ To: _____ At 12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS: *

☐ CORPORATION ☐ INDIVIDUAL ☐ LIMITED LIABILITY COMPANY ☐ PARTNERSHIP ☐ OTHER _____

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

ITEM TWO SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Garage Coverage Form next to the name of the coverage. Entry of a symbol next to Liability provides coverage for "garage operations".

COVERAGES	COVERED AUTOS	LIMIT			PREMIUM
LIABILITY		Each "Accident" "Garage Operations"		Aggregate-"Garage Operations"	\$
		"Auto" Only	Other Than "Auto" Only	Other Than "Auto" Only	
		\$	\$	\$	
PERSONAL INJURY PROTECTION (or equivalent No-Fault Coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ DED.			\$
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-Fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.			\$
PROPERTY PROTECTION INSURANCE (Michigan Only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ DED. FOR EACH ACCIDENT.			\$
MEDICAL PAYMENTS		\$			\$
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)		SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.			\$
UNINSURED MOTORISTS		\$			\$
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		\$			\$
GARAGEKEEPERS COMPREHENSIVE COVERAGE		SEPARATELY STATED FOR EACH LOCATION IN ITEM SIX			\$
GARAGEKEEPERS SPECIFIED CAUSES OF LOSS COVERAGE		SEPARATELY STATED FOR EACH LOCATION IN ITEM SIX			\$
GARAGEKEEPERS COLLISION COVERAGE		SEPARATELY STATED FOR EACH LOCATION IN ITEM SIX			\$
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See Item Seven For Dealers Autos.			\$
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See Item Seven For Dealers Autos.			\$
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO. See Item Seven For Dealers Autos.			\$
PHYSICAL DAMAGE TOWING AND LABOR		\$ For Each Disablement Of A Private Passenger Auto.			\$
		PREMIUM FOR ENDORSEMENTS			\$
		[MICHIGAN CCA SURCHARGE]			\$
		[ASSESSMENTS AND SURCHARGES]			\$
Total shown is payable at inception: \$		**ESTIMATED TOTAL PAYABLE			\$

Total shown is payable at inception: \$ _____

** This policy may be subject to final audit.

AUDIT PERIOD (IF APPLICABLE) ☐ ANNUALLY ☐ SEMI-ANNUALLY ☐ QUARTERLY ☐ MONTHLY

ENDORSEMENTS ATTACHED TO THIS POLICY: = _____

COUNTERSIGNED * _____

(Date)

BY * _____

(Authorized Representative)

* Entry optional if shown in the Common Policy Declarations.

= Forms and Endorsements applicable to this Coverage Part/policy omitted if shown elsewhere in the policy.

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

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Page 1 of 4



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Greensburg, Pennsylvania
A Stock Company¶

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GARAGE DECLARATIONS (Continued)

ITEM THREE—LOCATIONS WHERE YOU CONDUCT GARAGE OPERATIONS

LOCATION NO.	ADDRESS—State Your Main Business Location First
1	
2	

ITEM FOUR—LIABILITY COVERAGE—PREMIUMS

LOCATION NO.	CLASSES OF OPERATORS	RATING FACTOR(S)	NUMBER OF PERSONS	RATING UNITS	TOTAL RATING UNITS	LIABILITY PREMIUM	PERSONAL INJURY PROTECTION PREMIUM	PROPERTY PROTECTION INSURANCE PREMIUM (MI Only)	MEDICAL EXPENSE BENEFITS PREMIUM (VA Only)	INCOME LOSS BENEFITS PREMIUM (VA Only)
1	Class I— Employees Regular Operators					\$	\$	\$	\$	\$
	Class I— Employees All Others									
	Class II— Non-Employees Under Age 25									
	Class II— Non-Employees Age 25 Or Over									
	All Employees (Only For Trailer Dealers)									
2	Class I— Employees Regular Operators					\$	\$	\$	\$	\$
	Class I— Employees All Others									
	Class II— Non-Employees Under Age 25									
	Class II— Non-Employees Age 25 Or Over									
	All Employees (Only For Trailer Dealers)									
TOTAL PREMIUMS FOR ALL LOCATIONS						\$	\$	\$	\$	\$

Definitions

Class I—Employees

Regular Operator — Proprietors, partners and officers active in the "garage operations," salespersons, general managers, service managers, any "employee" whose principal duty involves the operation of covered "autos" or who is furnished a covered "auto".

All Others — All other "employees".

Note: 1. Part-time "employees" working an average of 20 hours or more a week for the number of weeks worked are to be counted as 1 rating unit each.
2. Part-time "employees" working an average of less than 20 hours a week for the number of weeks worked are to be counted as 1/2 rating unit each.

Class II—Non-Employees Any of the following persons who are regularly furnished with a covered "auto": Inactive proprietors, partners or officers and their relatives and the relatives of any person described in Class I.

ITEM FIVE—LIABILITY COVERAGE FOR YOUR CUSTOMERS

Unless indicated by "[X]" below, limited liability coverage is provided for your customers in accordance with paragraph **a.(2)(d)** of Who Is An Insured under Section **II—Liability Coverage**.

☐ If this box is checked, Paragraph **a.(2)(d)** of Who Is An Insured under Section **II—Liability Coverage** does not apply.

ITEM SIX—GARAGEKEEPERS COVERAGES AND PREMIUMS

LOCATION NO.	COVERAGES	LIMIT OF INSURANCE FOR EACH LOCATION (Absence of a limit or deductible below means that the corresponding ITEM TWO limit or deductible applies.)	PREMIUM FOR ALL LOCATIONS
1	Comprehensive	\$ MINUS \$ DEDUCTIBLE FOR EACH CUSTOMER'S AUTO	\$
	Specified Causes Of Loss	FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR \$ MINUS \$ DEDUCTIBLE FOR ALL PERILS SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.	
	Collision	\$ MINUS \$ DEDUCTIBLE FOR EACH CUSTOMER'S AUTO.	\$
2	Comprehensive	\$ MINUS \$ DEDUCTIBLE FOR EACH CUSTOMER'S AUTO	\$
	Specified Causes Of Loss	FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR \$ MINUS \$ DEDUCTIBLE FOR ALL PERILS SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.	
	Collision	\$ MINUS \$ DEDUCTIBLE FOR EACH CUSTOMER'S AUTO.	\$
TOTAL PREMIUM FOR ALL LOCATIONS			\$

DIRECT COVERAGE OPTIONS Indicate below with an "[X]" which, if any, Direct Coverage Option is selected.

☐ **EXCESS INSURANCE** If this box is checked, Garagekeepers Coverage remains applicable on a legal liability basis. However, coverage also applies without regard to your or any other "insured's" legal liability for "loss" to a "customer's auto" on an excess basis over any other collectible insurance regardless of whether the other insurance covers your or any other "insured's" interest or the interest of the "customer's auto's" owner.

☐ **PRIMARY INSURANCE** If this box is checked, Garagekeepers Coverage is changed to apply without regard to your or any other "insured's" legal liability for "loss" to a "customers auto" and is primary insurance.

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GARAGE DECLARATIONS (Continued)

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ITEM SEVEN—PHYSICAL DAMAGE COVERAGE—TYPES OF COVERED AUTOS AND INTERESTS IN THESE AUTOS—PREMIUMS—REPORTING OR NONREPORTING BASIS

Each of the following Physical Damage Coverages that is indicated in ITEM TWO applies only to the types of "autos" and interests indicated below by "☒".

COVERAGES	TYPES OF "AUTOS"		INTERESTS COVERED				
	New "Autos"	Used "Autos," Demonstrators And Service Vehicles	Your Interest In Covered "Autos" You Own	Your Interest Only In Financed Covered "Autos"	Your Interest And The Interest Of Any Creditor Named As A Loss Payee	All Interests In Any "Auto" Not Owned By You Or Any Creditor While In Your Possession On Consignment For Sale	
Comprehensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Specified Causes of Loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Collision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LOCATION NO.	COVERAGES	LIMIT OF INSURANCE AND DEDUCTIBLE				RATES	PREMIUM
1	Comprehensive	MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO				\$	\$
	Specified Causes Of Loss	FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR MINUS \$ DEDUCTIBLE FOR ALL PERILS SUBJECT TO MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.					
LOCATION NO.	COVERAGES	LIMIT OF INSURANCE AND DEDUCTIBLE				RATES	PREMIUM
2	Comprehensive	MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO				\$	\$
	Specified Causes Of Loss	FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR MINUS \$ DEDUCTIBLE FOR ALL PERILS SUBJECT TO MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.					
All	Collision	MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO.				Adjustment Factor	
		BLANKET ANNUAL COLLISION RATES					
		First \$50,000	\$50,001 To \$100,000	Over \$100,000		\$	
TOTAL PREMIUM FOR ALL LOCATIONS							\$

Our Limit of Insurance for "loss" at locations other than those stated in **ITEM THREE**.

\$ Additional locations where you store covered "autos" \$ In transit

PREMIUM BASIS—Reporting (Quarterly or Monthly) or Nonreporting (Indicate Basis Agreed Upon by "☒")

☐ **REPORTING BASIS** (Quarterly or Monthly as indicated below by "☒")

You must report to us on our form the location of your covered "autos" and their total value at each such location. For your main sales location identified as Location No. 1, you must include the total value of all covered "autos" you have furnished or made available to yourself, your executives, your "employees" or family members and other Class II—Non-Employees, and covered "autos" that are temporarily displayed or stored at locations other than those stated in ITEM THREE. For your main sales location you must include the total value of all service vehicles.

YOUR REPORTING BASIS IS:

- ☐ **QUARTERLY**—You must give us your first report by the fifteenth of the fourth month after the policy begins. Your subsequent reports must be given to us by the fifteenth of every third month. Your reports must contain the value for the last business day of every third month coming within the policy period.
- ☐ **MONTHLY**—You must give us your reports by the fifteenth of every month. Your reports will contain the total values you had on the last business day of the preceding month.

Premiums will be calculated pro rata of the annual premium for the exposures contained in each report. At the end of each policy year we will add the monthly premiums or the quarterly premiums to determine your final premium due for the entire policy year. The estimated total premiums shown above will be credited against the final premium due.

☐ **NONREPORTING BASIS**—Stated limit of insurance shown above applies.

Loss Payee—Any loss is payable as interest may appear to you and:

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ITEM EIGHT—MEDICAL PAYMENTS COVERAGE—REFER TO ITEM NINE FOR COVERED AUTOS INSURED ON A SPECIFIED CAR BASIS.

COVERAGE	PREMIUM DETERMINATION	PREMIUM
Auto Medical Payments Only	Auto Medical Payments Premium Equals %	\$
Premises And Operations Medical Payments (Does Not Apply To Bodily Injury Caused By Any Auto)	Premises And Operations Medical Payments Premium Equals %	\$
Premises And Operations And Auto Medical Payments	Premises And Operations And Auto Medical Payments Premium Equals %	\$

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GARAGE DECLARATIONS (Continued)

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ITEM NINE—SCHEDULE OF COVERED AUTOS WHICH ARE FURNISHED TO SOMEONE OTHER THAN A CLASS I OR CLASS II OPERATOR OR WHICH ARE INSURED ON A SPECIFIED CAR BASIS

Covered Auto No.	DESCRIPTION					PURCHASED				TERRITORY								
	Year, Model, Trade Name, Body Type Serial Number (s) Vehicle Identification Number (VIN)					Original Cost New	Actual Cost & NEW (N) USED (U)			Town & State Where The Covered Auto Will Be Principally Garaged								
1						\$												
2						\$												
Covered Auto No.	Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	CLASSIFICATION		Secondary Rating Factor	Code	EXCEPT For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below As Interests May Appear At The Time Of The Loss.									
					Primary Rating Factor	Liab.												
																		Phy. Damage
1																		
2																		
COVERAGES—PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)																		
Covered Auto No.	LIABILITY		PERSONAL INJURY PROTECTION (P.I.P.)		ADDED P.I.P.	PROPERTY PROTECTION (P.P.I.) (Michigan Only)		AUTO MEDICAL PAYMENTS/ MEDICAL EXPENSE AND INCOME LOSS BENEFITS - Virginia Only		COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION		TOWING & LABOR		
	Limit (In Thou- sands)	Premium	Limit * Minus Deductible Shown Below	Premium	Limit * Premium	Limit* Minus Deductible Shown Below	Premium	Limit ** Premium	Limit** Minus Deductible Shown Below	Premium	Limit** Minus Deductible Shown Below	Premium	Limit** Minus Deductible Shown Below	Premium	Limit Per Disablement	Premium		
1	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
2	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
Total Premium		\$	---	\$	\$	---	\$	---	\$	---	\$	---	\$	---	\$	---	\$	
*Limit Stated In Each Applicable P.I.P. Or P.P.I. Endorsement. ** Limit stated in ITEM TWO. Additional Coverage(s)— Limit, Deductible, Premium:																		
Covered Auto	Person or organization to which the Covered "Auto" has been furnished. (Do not include Covered "Autos" which have been furnished to Class I or Class II operators.)																	

ITEM TEN—LIABILITY PREMIUM FOR PICK UP AND DELIVERY OF AUTOS—NON-FRANCHISED DEALERS ONLY

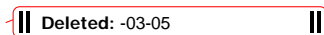
NUMBER OF DRIVER TRIPS		RATE	PREMIUM
51-200 Miles			\$
Over 200 Miles			\$
TOTAL PREMIUM(S)			\$



INSURANCE POLICY

Represented by:

J-01, J(02/08)



INSURANCE IS PROVIDED BY
THE COMPANY DESIGNATED ON THE DECLARATIONS PAGE

IN WITNESS WHEREOF, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.

OLD REPUBLIC INSURANCE COMPANY

[133 Oakland Avenue
Greensburg, Pennsylvania 15601]
A Stock Company

[*Spencer Kirby*]

Secretary

[*Ja Keecoss*]

President

OLD REPUBLIC

Corporate Offices

[**307 North Michigan Avenue
Chicago, Illinois 60601
(312) 346-8100**]